

Case Number:	CM14-0091534		
Date Assigned:	07/25/2014	Date of Injury:	02/20/1998
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old female sustained an industrial injury on 2/20/98. Injury occurred when a forklift ran into her knee. Past surgical history was positive for lumbar interbody fusion from L4 to S1 in 2007. She underwent three left knee surgeries since 1998, most recently a meniscectomy in 2007. The 2/4/14 left knee x-rays showed severe degenerative change involving the medial and patellofemoral compartments. There was near total loss of joint space in the medial compartment. Records documented left knee pain especially with activity and snapping, popping and giving way. Corticosteroid injections helped. The 3/10/14 treatment plan recommended corticosteroid injections about every 4 months to postpone total knee replacement until she was older. The 5/20/14 treating physician report cited left knee pain. The patient wished to proceed with a knee replacement. She had injections in the past and stated she could not keep doing this. Physical exam documented mildly antalgic gait, limited range of motion secondary to pain, mild effusion, medial and lateral joint line tenderness to palpation, crepitus with range of motion, negative Lachman, and no varus or valgus instability. A left total knee replacement was requested. The 6/10/14 utilization review denied the request for total knee arthroplasty as there was no documentation of non-operative care or imaging of the knee. The 8/5/14 orthopedic report cited a great deal of left knee pain. The patient was unable to tolerate stairs and the knee continued to buckle. Physical exam was unchanged from 5/20/14. The diagnosis was left knee pain and severe degenerative joint disease. A left knee replacement was again recommended. A left knee corticosteroid injection was provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left Total Knee Arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee joint replacement.

Decision rationale: The California MTUS does not provide recommendations for total knee arthroplasty. The Official Disability Guidelines recommend total knee replacement when surgical indications are met. Specific criteria for knee joint replacement include exercise and medications or injections, limited range of motion (< 90 degrees), night-time joint pain, no pain relief with conservative care, documentation of functional limitations, age greater than 50 years, a body mass index (BMI) less than 35, and imaging findings of osteoarthritis. Guidelines criteria have been met. Imaging findings evidence severe degenerative joint disease in the medial and patellofemoral compartments of the left knee. There is documentation that reasonable conservative treatment had been tried and failed. Therefore, this request for left total knee arthroplasty is medically necessary.